



San Miguel Sheriff's Office

684 CR 63L
Telluride, Colorado
81435

DATA RECORD REQUEST

Name/Agency _____ Phone _____

Email _____ Case Number _____

Nature of Incident: _____

VIDEO/DVD

Defendant Name _____ Arresting Agency _____

Check all that apply: ☐ Booking ☐ Patrol Car ☐ Interview ☐ Other _____

Date of Incident _____ Time _____

AUDIO

☐ **RADIO** Channel/Frequency: _____ Date _____ Time _____

☐ **PHONE** # Dialed _____ # Received On _____
Date _____ Time _____ Name of Person Called/Calling _____

☐ **911** Date of Call: _____ Time of Call: _____

Additional Info: _____

FEE

\$20.00 per DVD, video or audio tape. Audio DVDs will only play on computer

In accordance with Colorado Revised Statute 24-72-305.5, the undersigned applicant affirms that the information provided by the San Miguel Sheriff's Office will not be used by any person for the purpose of soliciting business for pecuniary gain. The custodian shall deny any person access to records unless such person signs this statement. Criminal Justice Agencies are exempt from signing this statement

Signature of Requestor (print name) Date

FOR OFFICE USE ONLY

Person Receiving Request _____ Date Rec'd _____

Processed By: _____ Date Processed: _____ Fee Total: _____

Tape in Evidence? yes no Property# _____ FI# _____

Dispatch (970) 728-1911 (24hrs)
Fax (970) 728-6347

Administration (970) 728-4442
Fax (970) 728-9206